



Deborah A. Clayman
Licensing Director

City of Chelsea
DEPARTMENT OF LICENSING,
PERMITTING AND CONSUMER AFFAIRS
City Hall, 500 Broadway
Chelsea, Massachusetts 02150

Telephone: (617) 466-4160
Fax: (617) 466-4165
dclayman@chelseama.gov

TAXICAB OPERATION/STAND LICENSE
APPLICATION/RENEWAL FORM
(Use Pen Only - Print Clearly)

_____ Public hearing to Conduct New Taxicab Operation
_____ Public hearing to Transfer Taxicab Operation License
_____ Public hearing for Additional Taxicab License
_____ Change of Officer(s) _____ License Renewal
_____ Change of Vehicle _____ Change of Registration

Taxicab License # _____ Mass. Registration # _____

Vehicle Identification _____

Make _____ Year _____

Vehicle will be garaged at _____

Corporation Name _____

Address _____

Business Name _____ Business Telephone _____

List names and titles of all officers of corporation, including the manager and all members of the board of directors. Give full name, home address, date of birth, and social security number for each:

<u>Name and Title</u>	<u>Address</u>	<u>D/Birth</u>	<u>Soc. Sec. #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance Company _____ Telephone _____

Have you ever been convicted for violating any state or federal law?

Yes _____ No _____

If yes, explain: _____

I understand that any false statement on this application will result in immediate revocation of the license that was issued or reason not to issue the same.

Applicant's Signature

Date

Return application to Deborah A. Clayman, Director, Department of Licensing, Permitting and Consumer Affairs, City Hall, 500 Broadway, Room 200, Chelsea, MA 02150, with the following:

- 1) Completed Insurance Verification Form;
- 2) Certificate of Good Standing;
- 3) \$100 License Fee for each Taxicab Operation License.

INSURANCE VERIFICATION FORM

License # _____ Registration # _____

Vehicle Identification # _____

Make _____ Year _____

Owner's Name _____

Name of Corporation _____

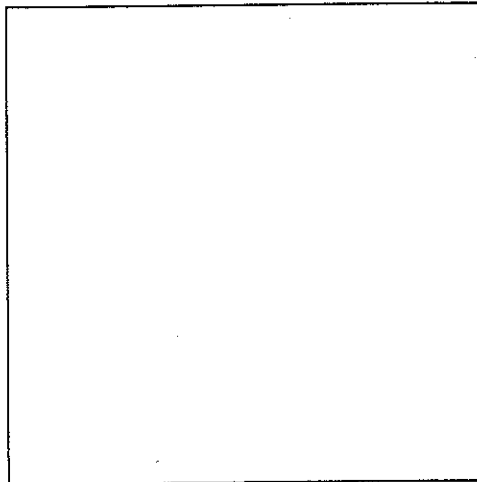
Insurance Carrier _____

Insurance Agent _____

Insurance Agent Telephone # _____

Rating Territory _____

INSURANCE COMPANY
STAMP AND SIGNATURE:



The undersigned certifies that the above insured vehicle is garaged and rated in the City or Chelsea and further certifies that the insurance is in effect as of:

Date

Agent Signature



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CORI REQUEST FORM

City of Chelsea Licensing Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

APPLICANT INFORMATION

(Please Print)

Last Name

First Name

Middle Name

Maiden Name or Alias (If Applicable)

Place of Birth

Date of Birth

Social Security Number
(Requested but not required)

Mother's Maiden Name

Current Address: _____

Former Addresses: _____

Sex _____ Height _____ Ft. _____ In. Weight _____ Eye Color _____

State Driver's License Number: _____

The above information was verified by reviewing the following form of government issued photographic identification: _____

Requested by: _____
Signature of CORI Authorized Employee